

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)**

SERIAL NO.
09/01/458
APPLICANT(S)

FILING DATE
2-18-97

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
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15			1			
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49						
50						
TOTAL IND.	1		3			
TOTAL DEP.	13		22			
TOTAL CLAIMS	14		25			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						